



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

David P. Kimball III, Treasurer
Gallagher & Kennedy Good
Government Committee
2575 East Camelback Road
Phoenix, AZ 85016

AUG 9 2000

Identification Number: C00318899

Reference: Year End Report (7/1/99-12/31/99)

Dear Mr. Kimball:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. Please be advised that contributions to Presidential candidates are governed by specific regulations. All Presidential primary elections held during an election year are considered one election for the purpose of the contribution limits. Therefore, a non-multicandidate committee may give only \$1,000 to a Presidential candidate's primary election campaign, regardless of how many separate state Presidential primaries the candidate participates in. 11 CFR §§110.1(j)(1) and 110.2(i)(1)

In addition, please note that general election contributions to Presidential campaigns are not permitted if the candidate receives public funds. (An exception: Political committees may contribute to a publicly funded Presidential nominee's "compliance fund." A compliance fund is used solely for legal and accounting expenses incurred in complying with the election law. Gifts to compliance funds are considered contributions and are subject to usual per-candidate, per-election limits.) 11 CFR §9003.3(a)

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you

have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$1,000. In the best interest of your committee, all refunds should be made within sixty days of the treasurer's receipt of the contribution.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request. In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received.

Although the Commission may take further legal action concerning the excessive contribution(s), prompt action in obtaining a refund will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Lucy J. Denny
Reports Analyst
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate sheet(s) for each category of the Disbursed Summary Page	PAGE OF 1 1 FOR LINE NUMBER 23
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of making contributions or for sentimental purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (or Filer)

Gallagher & Kennedy Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 9/30/99	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code McCain 2000 1158 E. Missouri Ave., #140 Phoenix, AZ 85014	Purpose of Disbursement contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year) 10/15/99	Amount of Each Disbursement This Period 150.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
TOTAL of Disbursements This Period (optional)			1,150.00
TOTAL This Period (use page this line number with)			1,150.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules A
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER
23

Any information copied from such Report and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Duggan & Kennedy Good Government Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McCain for President Exploratory Committee 1158 East Missouri Avenue, #140 Phoenix, AZ 85014	McCain for President Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	3/16/99	\$1000.00
B. Full Name, Mailing Address and ZIP Code Committee to Elect Jon Kyl P.O. Box 10246 Phoenix, AZ 85064	Purpose of Disbursement Kyl for Congress Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	4/13/99	\$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (month, day, year)	Amount of Each Disbursement This Period
TOTAL of Disbursements This Period (Line Number 01b) -----			\$1,250.00
TOTAL This Period (Last page this line number 01b) -----			\$1,250.00

Signed:

